

## **AFRICAN EXAMPLES**

### **Prof George Magoha: Doctor for real men**

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By Dennis Onyango

Prof George Albert Omore Magoha, a leading surgeon in this part of the world, is a highly complex man.

You can tell it from the professional organisations he belongs to: the Erectile Dysfunction Advisory Council (Edac), the International Society of Impotence Research for real men.

Away from administrative duties at the university, Magoha attends to men who struggle with medical complications many prefer not to talk about.

But those complications could make the difference whether a man leaves a generation behind or his kind ends with his death.

Magoha recalls when he was growing up in Yala Gem, Siaya District, it was not uncommon to hear villagers wailing to mourn the sudden death of an old man in the neighbourhood.

When he asked what caused the death, he would be told the old man could not pass urine at the hour of need, however much he tried.

In Magoha's village, like in any other African society, the idea of a man failing to pass urine was the stuff of myths and taboos, discussed in low tones and only among adults who equally did not know what was going on.

It is life in this world of strange deaths that pushed Magoha into the field of medicine, which few have pursued in Africa.

#### **Highly private man**

No wonder Magoha's clients come from as far as the Democratic Republic of Congo (DRC), Burundi, Tanzania, Uganda and Somalia. Of course Kenyans also visit his Nairobi Hospital clinic.

Magoha describes himself as " a highly private man". Students and even some staff at the University of Nairobi agree that Magoha is indeed "a very private person".

Whether it is the love for privacy that pushed the surgeon into this branch of medicine or it is the profession which pushed him into embracing privacy is hard to tell.

What is clear is that in the line of duty as a medical doctor, Magoha handles highly private and sensitive sicknesses of men.

Magoha is an urologist by. "In very simple terms," he says, "a urologist is a human plumber."

He describes it thus: "The plumber deals with human water pipes which transmit urine and seminal fluid, and the organs that feed and supply these pipes."

In complex terms, Magoha says, a urologist is a fully trained general surgeon with a fellowship diploma or Master of Medicine diploma in general surgery.

But the urologist specialises in urogenital diseases in the kidney, ureter, bladder, prostate, urethra, penis and testes among other parts.

The urologist also manages infertility and erectile dysfunction (erection problems) particularly in men.

As urologist, Magoha has been at the forefront of cutting edge research in cancer of the male genital tract, cancer of the prostate gland, cancer of the penis, testicular cancer, torsion of the testes (twisted testes) and, above all, male erectile dysfunction.

The names sound strange and distant. But in the privacy of clinics and hospital wards, the names stand for real diseases men struggle with daily as they struggle to, as Magoha says, "keep their houses in order".

Marriages have broken because men have "failed to rise to the occasion" at the critical moment. People have also died because they are unable to pass urine when they are pressed.

### **Recognized globally**

Yet until fairly recently, there was little medical interest in these complications in the East African region. In the villages, marriages broke quietly or after the women exploded with the news that their men could not perform. The explosion would quickly be buried by hushed murmurs and blame passed to the witch in the next home who was bent on ruining people's families.

When the sexual virility drug Viagra hit the market about eight years ago, few people knew there was a Kenyan brain behind the research and marketing of the wonder innovation.

Magoha was the Kenyan brain behind the drug and he had long researched on the problem of Male Erectile Dysfunction quietly since he graduated from the University of Lagos about 30 years ago.

"I started seeing patients who had a problem they were not very comfortable talking about. I wrote some paper on the problem of Male Erectile Dysfunction and published it in an international journal. Pfizer, the manufacturer of Viagra, picked my name from the Net," Magoha told The Sunday Standard in an interview this week.

In the inaugural lecture the Vice Chancellor gave recently, he defines erectile dysfunction as "the persistent inability to achieve and maintain an erection sufficient for satisfactory sexual performance". It is "not the occasional difficulty

that may be experienced by men every once in a while".

In the village where Magoha grew up, there was a plant, locally known as Ogombo, that was popular with men. The men chewed it to deal with their libido problems.

His research has told him that the men in his village were wrong as they confused libido with erectile dysfunction. The libido can rise, but it will not cure erection problem.

Around 2000, the American Biographical Institute recognised Magoha as "most admirable and whose excellent performance in the field of urology will be recognized globally in 1,000 World Leaders of Scientific Influence as a permanent record for research, history and inspiration".

The specialist in the cancer of the penis, prostate and testes has never turned away a patient at his clinic at the Nairobi Hospital even if the client could not pay.

He has turned down generous job offers at home and overseas because of his commitment to the work he's doing at the University of Nairobi. ". . . because I know this is where I'm needed most as a professional training doctors and surgeons for this country and this part of Africa".

In the 1990s, Pfizer Laboratories, then planning to launch Viagra, approached Magoha for professional advice because he was the East and Central Africa's representative in Edac for Africa, Middle East, India, Pakistan and Turkey. He still holds this position.

He worked with the Pfizer team on how to approach the cultural barriers that stood on Viagra's way. He also advised fellow doctors on some of the side effects of the drug before it was launched in Nairobi in October 1998, and in Kampala two months later.

It is Magoha who later launched the drug in other countries in the region. In 2003, he was in Accra, Ghana, to launch another virility drug, Cialis.

Viagra, Magoha says, came with a number of medical and cultural complications. How was it to be sold in Africa where people do not talk openly about sex and where the erection problem is regarded as a curse and not a disease?

Traditionally, Magoha says, inability of men to "rise to the occasion" has been called impotence. But that is not the case. Men with erectile dysfunction retain other functions like sexual desire and the ability to achieve orgasm or ejection. It affects up to 152 million men worldwide and is tied to age.

About 39 per cent of men aged 40 years and above experience the problem. The numbers of sufferers rise to about 70 per cent among those aged 70 years and above.

The dysfunction can be mild, moderate or complete, Magoha says.

At 70 years, complete dysfunction is recorded in 15 per cent of men, moderate

occurs in 34 per cent while mild affects in 21 per cent.

This according to Magoha, makes erectile dysfunction one of the most common diseases among men.

Yet the stigma around this condition makes it hard for men to see doctors over it.

"Most patients do not consult qualified doctors and other health workers. They prefer to consult the traditional medical practitioners and healers because of the stigma and socio-cultural barriers, myths and taboos associated with erectile dysfunction," says Magoha.

It was around 1990 that the professor came to know that erectile dysfunction was a silent problem among men. Often, a patient he had examined for other problems would, on reaching the door, turn and say, "anyway doctor I have another very small problem".

"The 'very small problem' would eventually turn out to be persistent inability to achieve and maintain erection sufficient for satisfactory sexual performance," Magoha says.

The lack of confidence by the patients resulted from the stigma, myths and the feeling of guilt and embarrassment.

It did not help that the most efficient cure — injection of the penis with alprostadil — remained very unpopular with African men in this locality.

"The main reason for this was fear of needles and self-injection, pain and the lack of privacy from the partner who invariably had to know that the sexual process had to be preceded by a penile injection," Magoha explains.

"In African tradition, this demoralizes the men as it tends to imply that they are not men enough," he adds.

In those days, men treated this problem as an affair between them and the doctor at the worst. They kept their wives away. However, this has changed in recent years.

"Now some come with their wives. The surprise has been that some show up with bottles of wine as a form of appreciation. That is very rare with Kenyans," Magoha says. "Usually, it is the wife who delivers the wine in appreciation," he adds.

Administration and teaching have confined Magoha to seeing just about five patients every week. Most of the patients, some of whom travel from far, say they picked his name from [the Internet](#).

A tablet of the new virility drugs like Viagra costs \$10 (Sh600) and usually, the drug comes in a mandatory package of two tablets for a start.

"Those who can afford come and pay for it. Unfortunately, the disease, just like the other diseases afflicts both the poor and the rich. Sometimes these drug companies

give us free samples. I give these to desperate cases who cannot afford," Magoha says.

"In dealing with erectile dysfunction, we are just reorganising your own systems in the body. There is a chemical in the body we rejuvenate so that it does not die too early," he explains.

A tablet of Cialis, Magoha says, can stay in the system for up to three days.

"Since we are not animals, sex is not something you go for everyday. It is, therefore, not a question of how many tablets you require. All the same, a packet of two will cost you Sh1,400. It is a reasonable price to pay for keeping your home intact," Magoha says.

The VC has also researched and published extensively in diseases affecting the male genital tract including the prostate and testes. He has researched on cancer of the penis and dismisses as "rubbish" the belief that people who are circumcised do not contract the disease.

"Those who survive are those circumcised at very early age, at around one month. But if you observe basic hygiene and stay clean, there is no reason for you to contract cancer of the penis," he says.

Magoha got invitations to meetings during the trials on Viagra. The first meeting was in Cape Town, followed by others in Dubai and Cairo. His role was to advise fellow doctors on safe use and cultural limitations that faced Viagra in Africa, the Middle East and Asia.

The professor confesses that Viagra "sells very well" in Kenya, despite the fact that it costs over Sh600 per tablet. "If you want to put your house in order you just work out how to accommodate the price in your budget even if only for one evening in a month," he says.

### **Award winner**

Even before Viagra was conceived, Magoha was already a man of solid professional achievement who enjoyed the respect of his colleagues and peers.

He had been chairman of Kenya Association of Urological Surgeons and treasurer of Pan African Urological Surgeons Association (Pausa) for many years. He still holds these positions. He has been a full member of the British Association of Urological Surgeons since 1992.

Magoha is also a fellow of the International, West African, Nigerian, East, Central and Southern African Colleges of Surgeons.

In 2001, he was bestowed with the International Order of Merit for his research on genital cancer in Africans. The same year, he was also awarded the Scientific Achievement Award for his research on erection problems.

Current volumes of Who is Who in the World, Who is Who in Medicine and

Healthcare and Who is Who in Science and Engineering also cite him for his "continuous contribution to the advancement of Clinical Urological Science".

A few weeks ago, he was awarded Fellowship of the African Academy of Sciences.

Born at the New Nyanza General Hospital in 1952, Magoha attended Jina Primary School in Siaya District from the age of eight. At that early age, he had "a vague feeling" that he wanted to be a doctor although his late father was a primary school teacher.

He went on to Dr David Livingstone Primary School in Nairobi's Kimathi Estate, Starehe Boys Centre, Strathmore College, the University of Lagos, the University of Ibadan, to the Royal College of Surgeons in Ireland, and, finally, the Royal Postgraduate Medical School at Hammersmith Hospital in London.

It was at Starehe that while working at Kenyatta National Hospital as a volunteer that he decided to be a doctor. After a lecture on the medical profession by a surgeon, Prof Joseph Maina Mungai, in 1971, Magoha sealed his decision to be a doctor, but not a surgeon.

At the University of Lagos Medical School, he taught Anatomy between 1979 and 1985. "I realised I liked the details of the body. But I did not want to deal with dead bodies. So I decided to be a surgeon."

Magoha had been a Dean and Principal at the College of Health Sciences before rising to Deputy Vice Chancellor in charge of administration and finance. In 2005, he became the first VC to be selected by competitive process to head a public university.

He has supervised more than 36 Masters of Medicine students and published more than 53 academic papers. Although he is VC now, Magoha still believes he has to research and publish. He also has to teach.

"I'm employed full time as professor of Surgery. The VC is a post I will serve and leave. Then where do I go? That is why I have to teach research and also see patients," Magoha explains. "When you stop seeing patients, you essentially stop research and that is very bad."

Researching and publishing, Magoha says, is a habit he picked in Nigeria, where scholars pursue research vigorously. He has published at least one research paper every year, although sometimes he publishes more.

Between 1982 and now he has published 39 research papers in reputed international journals. He is about to publish the 40th paper on "Self-reported Sexual Dysfunction". Magoha enjoys cultivating international and bilateral links between his students and other institutions of learning.

Expansion work on the Kenyatta National Hospital Campus is a fruit of his ability to reach out to others. He sourced \$300,000 from a donor who gave the money through the Korean Methodist Church. He has signed two agreements, one with the University of Victoria in Canada, another with the University of Paris, for exchange

of students and [technology](#).

Magoha is married to Dr Odudu Barbara Essien, a Gynaecologist with whom he collaborates on some researches. For leisure, he jogs, walks and plays basketball at his compound with their only child, Michael, a Medicine student at the University of Nairobi.

He also plays "a bit of golf" at the Muthaiga Country Club but enjoys planting trees at his rural farm. "Otherwise I'll be on my computer surfing the [Internet](#). I don't mix that easily," he says.

Still Magoha's love remains research on these diseases men hate to talk about.

When he gave his inaugural lecture, he became the first Surgeon in Kenya to do so. "When your urinary stream is weak and water can't easily flow out, when you are willing to pass urine but it can't come out and you have to wait, when each time you pass urine and zip up, you immediately feel the urge to urinate again, you are developing a problem you need to see a doctor," Magoha advises.

"People don't seek medical attention until they can't pass urine. By that time, the cancer is advanced. Many stay away thinking that inability to pass urine could be linked to sexual performance. They don't want the bad news. There needs to be education on the symptoms," Magoha says.

No wonder the inaugural lecture was titled: Urological Footprints in Kenya: That Water May Flow. It is a story about Male Genital Cancer and Dysfunction.

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